

**LAUREL SCHOOL DISTRICT  
REFERENDUM - WEDNESDAY, FEBRUARY 10, 2010  
AFFIDAVIT FOR ABSENTEE BALLOT FOR PUBLIC SCHOOL ELECTIONS**

**PERSONAL INFORMATION**  
(Print or Type)

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Apt. Complex  
or Development: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

If you want your ballot mailed to an address other than the one listed above, complete the following:

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

★ ★ ★ ★ ★ ★

**FOR DEPARTMENT OF ELECTIONS USE ONLY**

NOMINATING/VOTING DISTRICT: \_\_\_\_\_

AFFIDAVIT REQUESTED: \_\_\_\_\_

AFFIDAVIT MAILED: \_\_\_\_\_

AFFIDAVIT RETURNED: \_\_\_\_\_

BALLOT MAILED: \_\_\_\_\_

VOTED IN PERSON: \_\_\_\_\_

BALLOT RETURNED: \_\_\_\_\_

VOUCHER #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT OF VOTER ELIGIBILITY**

I, \_\_\_\_\_,  
(Print or Type Your Name)

**DO SOLEMNLY SWEAR (OR AFFIRM) THAT:**

1. I am a citizen of the United States,
2. I am a resident and citizen of the State of Delaware,
3. I am a 18 years old or older,
4. I reside within the geographical boundaries of the school district, and
5. I will not vote or attempt to vote at any school district polling place on the day of the election.

I further solemnly swear (or affirm) that I am unable to go to a school district polling place on the day of the election because:

( Check the applicable box below)

- ☐ A. I am temporarily or permanently physically disabled.
- ☐ B. I am in the public service of the U.S. or the State of Delaware.
- ☐ C. I am a qualified citizen or spouse of dependent residing with or accompanying a person who is in the service of the U.S. or the State of Delaware.
- ☐ D. Of the nature of my business or occupation.
- ☐ E. I am sick.
- ☐ F. I am incarcerated.
- ☐ G. Of the tenets or teachings of my religion.
- ☐ H. I am absent from the district while on vacation.
- ☐ I. I am temporarily residing outside of the U.S. and the District of Columbia.
- ☐ J. Of illness or injury received while serving in the Armed Forces of the U.S.
- ☐ K. I am a member of the U.S. Armed Forces.
- ☐ L. I am a member of the American Red Cross or U.S.O.
- ☐ M. I am a member of the U.S. Merchant Marine.

I DO SOLEMNLY SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE.

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Date

**DEADLINE FOR MAILING OUT ABSENTEE BALLOTS: FRIDAY, FEBRUARY 5, 2010 - 12 NOON  
MAIL COMPLETED AFFIDAVIT TO:  
DEPARTMENT OF ELECTIONS ★ PO BOX 457, GEORGETOWN, DE 19947**